

# CITY OF LINCOLN LOTTERY / RAFFLE TAX REPORT

Nebraska Identification #: \_\_\_\_\_

For Quarter Ending: \_\_\_\_\_  
Month Day Year

Licensee's Name: \_\_\_\_\_

Licensee's Address: \_\_\_\_\_  
Street (or mailing Address) City State Zip

DATE OF EVENT	GROSS RECEIPTS	PAY-OUTS	TOTAL TAX DUE (5% of Gross Receipts)
TOTAL FOR QUARTER REPORTING:			

***Please sign & date with proper Identification in front of a Notary Public.***

\_\_\_\_\_  
Authorized Signature Title Date

Subscribed & sworn to before me, a Notary Public, as a true & correct statement.

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public